

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 03345-P0017A

First Inventor Michael Heuken, et al.

Title Method And System For Semiconductor Crystal
Production With Temperature Management

Express Mail Label No. EL 574 209 951 US

PTO

JC903 U 09/873041



06/01/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)

2. Applicant claims small entity status
See 37 CFR 1.27.

3. Specification [Total Pages 19]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims(s)
- Abstract of the Disclosure

4. Drawings(s) (35 USC 113) [Total Sheets 11]

5. Oath or Declaration [Total Pages 0]

a. New executed (original or copy)

b. Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

DELETION OF INVENTOR(S)
Signed statement attached deleting inventors(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

6. Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. Computer Readable Form (CRF)

b.: Specification Sequence Listing on:

- i. CD-ROM or CD-R (2 copies); or
- ii. paper

c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))

10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney

11. English Translation Document (if applicable)

12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations

13. Preliminary Amendment

14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15. Certified Copy of Priority Document(s) (if foreign priority is claimed)

16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 of its equivalent.

17. Other: PCT/DE99/03863 Cover Sheet
DE19855637.3 Cover Sheet

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

 Continuation Divisional Continuation-in-part of prior application No. PCT/DE99/03863 filed Dec. 2, 1999

Prior application information Examiner Group/Art Unit:

Priority: DE19855637.3 filed Dec. 2, 1998

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

 Customer Number of Bar Code Label

24126

 Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Wesley W. Whitmyer, Jr.				
Address	St. Onge Steward Johnston & Reens LLC 986 Bedford Street				
City	Stamford	State	CT	Zip Code	06905-5619
Country	United States	Telephone	203 324-6155		Fax 203 327-1096

Name (Print/Type)	Wesley W. Whitmyer, Jr.	Registration No. (Attorney/Agent)	33,558
Signature			Date 6/1/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Times will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 710.00) Attorney Docket Number 03345-P0017A WWW

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																																																																																																																			
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payment to</p> <p>Deposit Account Number 19-4516</p> <p>Deposit Account Name St.Onge Steward Johnston & Reens LLC</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> <tr> <td colspan="4">* Reduced by Basic Filing Fee paid</td> <td colspan="4">SUBTOTAL (3) (\$ -0-)</td> </tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840	115	110	215	55	116	390	216	195	117	890	217	445	118	1,390	218	695	128	1,890	228	945	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,240	241	620	142	1,240	242	620	143	440	243	220	144	600	244	300	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	710	246	355	149	710	249	355	179	710	279	355	169	900	169	900	Other fee (specify) _____				* Reduced by Basic Filing Fee paid				SUBTOTAL (3) (\$ -0-)			
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																				
105	130	205	65																																																																																																																																				
127	50	227	25																																																																																																																																				
139	130	139	130																																																																																																																																				
147	2,520	147	2,520																																																																																																																																				
112	920*	112	920*																																																																																																																																				
113	1,840*	113	1,840																																																																																																																																				
115	110	215	55																																																																																																																																				
116	390	216	195																																																																																																																																				
117	890	217	445																																																																																																																																				
118	1,390	218	695																																																																																																																																				
128	1,890	228	945																																																																																																																																				
119	310	219	155																																																																																																																																				
120	310	220	155																																																																																																																																				
121	270	221	135																																																																																																																																				
138	1,510	138	1,510																																																																																																																																				
140	110	240	55																																																																																																																																				
141	1,240	241	620																																																																																																																																				
142	1,240	242	620																																																																																																																																				
143	440	243	220																																																																																																																																				
144	600	244	300																																																																																																																																				
122	130	122	130																																																																																																																																				
123	50	123	50																																																																																																																																				
126	240	126	240																																																																																																																																				
581	40	581	40																																																																																																																																				
146	710	246	355																																																																																																																																				
149	710	249	355																																																																																																																																				
179	710	279	355																																																																																																																																				
169	900	169	900																																																																																																																																				
Other fee (specify) _____																																																																																																																																							
* Reduced by Basic Filing Fee paid				SUBTOTAL (3) (\$ -0-)																																																																																																																																			
<p>2. <input checked="" type="checkbox"/> Payment Enclosed</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>				<p>FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td></tr> <tr><td colspan="2">SUBTOTAL (1) (\$)</td><td colspan="2">710.00</td></tr> </tbody> </table> <p>2. EXTRA CLAIMS FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>18</td><td>2</td><td>-20** =</td><td>0</td><td>X</td></tr> <tr><td></td><td></td><td>- 3** =</td><td>0</td><td>X</td></tr> <tr><td colspan="2">Multiple Dependent Larg</td><td>Entity Fee Code</td><td>Entity Fee Code</td><td>Fee Description</td></tr> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claims, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5">** or number previously paid, if greater; For Reissues, see above</td></tr> <tr><td colspan="2">SUBTOTAL (2) (\$)</td><td colspan="2">-0-</td><td></td></tr> </tbody> </table>				Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101	710	201	355	106	320	206	160	107	490	207	245	108	710	208	355	114	150	214	75	SUBTOTAL (1) (\$)		710.00		Total Claims	Independent Claims	Extra Claims	Fee from Below	Fee Paid	18	2	-20** =	0	X			- 3** =	0	X	Multiple Dependent Larg		Entity Fee Code	Entity Fee Code	Fee Description	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple dependent claims, if not paid	109	80	209	40	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent	** or number previously paid, if greater; For Reissues, see above					SUBTOTAL (2) (\$)		-0-																																															
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid																																																																																																																																				
101	710	201	355																																																																																																																																				
106	320	206	160																																																																																																																																				
107	490	207	245																																																																																																																																				
108	710	208	355																																																																																																																																				
114	150	214	75																																																																																																																																				
SUBTOTAL (1) (\$)		710.00																																																																																																																																					
Total Claims	Independent Claims	Extra Claims	Fee from Below	Fee Paid																																																																																																																																			
18	2	-20** =	0	X																																																																																																																																			
		- 3** =	0	X																																																																																																																																			
Multiple Dependent Larg		Entity Fee Code	Entity Fee Code	Fee Description																																																																																																																																			
103	18	203	9	Claims in excess of 20																																																																																																																																			
102	80	202	40	Independent claims in excess of 3																																																																																																																																			
104	270	204	135	Multiple dependent claims, if not paid																																																																																																																																			
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																			
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																			
** or number previously paid, if greater; For Reissues, see above																																																																																																																																							
SUBTOTAL (2) (\$)		-0-																																																																																																																																					

SUBMITTED BY		Complete (if applicable)		
Name (Print Type)	Wesley W. Whitmyer, Jr.	Registration No (Attorney/Agent)	33,558	Telephone 203 324-6155
Signature			Date	6/1/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORM TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231